

California Department of Transportation Application for Mentor-Protégé Program

(for Potential Protégé only)

Business Name:	V 0. 1 0.0				
Address:					
Phone:					
President:					
Contact Person:	Phone Number:				
E-Mail Address:					
Type of Business:					
List Non-Caltrans Pro	fessional References:				
Name:	Firm Name:	Phone:	Prime	Sub	Clien
					Owne
			Yes	Yes	Yes
			No 🗌	No 🗌	No [
			Yes [Yes 🗌	Yes
			No \square	No \square	No [
2. Please list three	items that your firm brings t	o the relationshi	p?		
3. Is your firm currently SBE, DBE or DVBE certified?			Yes	No	
4. Can your firm provide proof of current certification(s)?			Yes	No	
5. If not, are you planning to be certified?			Yes	Yes	
6. Has your firm w	orked with any of the follow	ing agencies?			
a. Caltrans			Yes	No	
b. Federal Agencies			Yes	No	
c. Local Agencies (including CMAs)			Yes	No	
d. Other governmental agencies			Yes	No	
7. How long has your firm been in business?					yrs
Committee Men	to apply for the Calmentor S abership? If yes, please sub- alification along with this for	nit a 1 page	Yes [No	
Mail to: Caltrans Calmentor Attn: Nabeelah Hanif 2015 E Shields, Suite 100	or Fax to: Caltrans Calmentor Attn: Nabeelah Hanif (559) 243-3426	email: na		beelah Ha 59) 243-346	63

Fresno, CA 93726